

## RENEWAL APPLICATION

**Establishment Address**

RANDYS ROADHOUSE  
1 W WILSON ST  
MADISON WI 53703

<b>Due Date</b> 30-Jun-2016	<b>Amount Due</b> \$190
<b>If After Due Date Add \$85.00</b>	
<b>ID Number</b> 124 HSAT-7QWRTJ	
<b>Activity</b> Agriculture-Large PH (11)	

You may pay online at:  
<http://healthspace.com/WiEpay>  
Or make check payable to:  
**"WDATCP"**  
Write ID number on check  
Do **NOT** send cash  
Return this renewal with check to:  
**WDATCP-LICENSE RENEWAL  
DRAWER 296  
MILWAUKEE, WI 53293-0296**

ROADHOUSE LLC  
PO BOX 2659  
MADISON WI 53701

Amount	Reason
\$190.00	Renewal Notice

**Please call (608) 224-4720 regarding any questions with this application**

**VOIDED LICENSE FOR FAILURE TO PAY FEES.** If an applicant or operator fails to pay all applicable fees, late fees and processing charges under DATCP administrative rule within 15 days after the applicant receives notice on insufficiency under DATCP administrative rule, or within 45 days after the expiration date of the license, whichever occurs first, the license is void. An operator whose license is voided under this subsection may appeal the decision under DATCP administrative rule. In an appeal concerning a voided license under this subsection, the burden is on the license applicant or operator to show that the entire application fees, late fees, and processing charges have been paid. During any appealing process concerning payment dispute operation of the facility is deemed to be operating without a license and is subject to fees under DATCP administrative rule in addition to the fees otherwise due, unless the applicant or operator meets its burden of proof under this subsection. **DATCP APPEALS OF ACTIONS BY THE DEPARTMENT.** A request for a hearing for a denial of a license, a voided license, suspension, revocation, forfeiture, or an order given under DATCP Administrative Rule shall be submitted in writing to the Department or agent health department within 10 days after receipt of notice of the Department or Agent's action. (DATCP Administrative Code 69, 70, 71, 72, 73, 75, 76, 77, 78, 79, 80, 82, and s.98.146)

☐ **If establishment is out of business** check here, provide date of closure & sign below. Date \_\_\_\_\_

**THIS SECTION IS FOR CHANGES ONLY - If there are no changes please leave blank.**

**IMPORTANT: Licenses are not transferable.** New operator or new location requires a new license. If you are not the operator noted above or the establishment has moved, you must contact us at (608) 224-4720 to be licensed prior to operating to avoid penalty fees.

Change to Establishment Name (same operator above) \_\_\_\_\_

Change to Mailing Address (same operator above) \_\_\_\_\_

Change in Operator Name (specify reason, e.g. marriage, death, etc) \_\_\_\_\_

If you noted changes above, please provide a contact phone number \_\_\_\_\_

**Note:** Additional fees may be invoiced at your next inspection if your establishment has a change in processes or level of operation.

Your signature below will indicate that all of the above information is true and correct to your knowledge

Signature \_\_\_\_\_ Date \_\_\_\_\_